



STATE OF WISCONSIN

Department of Safety and Professional Services
1400 E Washington Ave.
Madison WI 53703

**This Form is intended for
informational purposes
ONLY**

Governor Scott Walker

Secretary Dave Ross

Periodic Electric Elevator Test Record - Category 1 ASME A17.1 Sections 8.6.5.14 & 8.6.7

Instructions: Please TYPE or PRINT CLEARLY the information requested on this form.
Personal information you provide may be used for secondary purposes [Privacy Law, s.15.04 (1)(m), Stats.]

Building Name	Owners Name	Registration Tag No.
Street Address	Address	Regulated Object ID.
City, State, Zip	City, State, Zip	Manufacturer

This conveyance is required to be tested in accordance with the code in effect at time of the original installation and/or any applicable alteration(s) for this conveyance. Use form SBD-2E-E for Category 5 full load tests.

1	Type:	Passenger: <input type="checkbox"/>	<input type="checkbox"/> Electric <input type="checkbox"/> Sidewalk Elevator <input type="checkbox"/> Private Residence Elevator <input type="checkbox"/> Hand Elevator	
	Freight: <input type="checkbox"/> Class: <input type="checkbox"/>	<input type="checkbox"/> Dumbwaiter <input type="checkbox"/> Type B Material Lift <input type="checkbox"/> Special Purpose Personnel Elevator	<input type="checkbox"/> Inclined Elevator <input type="checkbox"/> Rack-and-Pinion Elevator <input type="checkbox"/> Limited-Use/Limited-Application	
2	Rated Capacity: lbs.	Rated Speed: (up)	Operating Speed: (down)	Leveling Speed:
8.6.4.19 Periodic Inspection and Test Requirements: Category 1			Is test satisfactory?	Date of Test:
3	8.6.4.19.1 Oil Buffers: Car <input type="checkbox"/> Counterweight <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/> n/a <input type="checkbox"/>		
4	8.6.4.19.2 Safeties (No Load) Type: A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/> n/a <input type="checkbox"/>		
5	8.6.4.19.3 Governors	Yes <input type="checkbox"/> No <input type="checkbox"/> n/a <input type="checkbox"/>		
6	8.6.4.19.4 Slack-Rope Devices on Winding Drum Machines	Yes <input type="checkbox"/> No <input type="checkbox"/> n/a <input type="checkbox"/>		
7	8.6.4.19.5 Normal and Final Terminal Stopping Devices	Yes <input type="checkbox"/> No <input type="checkbox"/> n/a <input type="checkbox"/>		
8	8.6.4.19.6 Firefighters' Emergency Operation.	Yes <input type="checkbox"/> No <input type="checkbox"/> n/a <input type="checkbox"/>		
9	8.6.4.19.7 Standby or Emergency Power Operation (No Load)	Yes <input type="checkbox"/> No <input type="checkbox"/> n/a <input type="checkbox"/>		
10	8.6.4.19.8 Power Operation of Door System	Yes <input type="checkbox"/> No <input type="checkbox"/> n/a <input type="checkbox"/>		
11	8.6.4.19.9 Broken Rope, Tape, or Chain Switch	Yes <input type="checkbox"/> No <input type="checkbox"/> n/a <input type="checkbox"/>		
12	8.6.4.19.10 Functional Safety of SIL Rated Device(s)	Yes <input type="checkbox"/> No <input type="checkbox"/> n/a <input type="checkbox"/>		
13	8.6.4.19.11 Ascending Car Overspeed Protection and Unintended Car Motion Devices	Yes <input type="checkbox"/> No <input type="checkbox"/> n/a <input type="checkbox"/>		
14	8.6.4.19.12 Traction Loss Detection Means	Yes <input type="checkbox"/> No <input type="checkbox"/> n/a <input type="checkbox"/>		
15	8.6.4.19.13 Broken Suspension Member & Residual Strength Detection Means	Yes <input type="checkbox"/> No <input type="checkbox"/> n/a <input type="checkbox"/>		
16	8.6.4.19.14 Occupant Evacuation Operation	Yes <input type="checkbox"/> No <input type="checkbox"/> n/a <input type="checkbox"/>		
17	8.6.4.19.15 Emergency Communications	Yes <input type="checkbox"/> No <input type="checkbox"/> n/a <input type="checkbox"/>		
18	8.6.4.19.16 Means to Restrict Hoistway or Car Door Opening	Yes <input type="checkbox"/> No <input type="checkbox"/> n/a <input type="checkbox"/>		

If test(s) proved unsatisfactory indicate reason:

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ASME A17.1 Requirement 8.6.1.7.2: A periodic test record for all periodic tests containing the applicable Code requirement(s) and date(s) performed, and the name of the person or firm performing the test, shall be installed to be readily visible and adjacent to or securely attached to the controller of each unit in the form of a metal tag or other format designated by and acceptable to the authority having jurisdiction.

The Above Tests Were Performed In Compliance With ASME A17.1 and SPS 318			
Firm Performing Tests	Address	City, State, Zip	Date of Test Submission
Name and License Number of Person Performing Tests (Print)	Signature of Person Performing Tests		

**Do NOT Send This Form to the Dept of Safety & Professional Services.
Insert Completed Form Into Maintenance Record.
One copy to be retained by owner or tenant**